

Severe inflammatory ringworm may be confused with carbuncle, but in the latter, pain, and especially tenderness, is usually present, and when any attempt is made to pull out the hair this pain is intense.

TINEA BARBÆ.

GENERAL.

Between May, 1949, and July, 1951, sixty men suffering from tinea barbæ were referred to the skin clinics; of these five also had tinea corporis and three tinea manuum. From thirteen of these patients *T. discoides* was isolated nine times, *T. mentagrophytes* three times, and *M. canis* once. The latter should be considered a mycological curiosity. No other fungi were suspected on clinical grounds.

With such small numbers it is impossible to make any definite comment on the ages, sex and geographical distribution.

All the remarks which were made with reference to tinea capitis due to these fungi apply with even more emphasis to tinea barbæ. Since the hair follicles of a man's beard are larger and more deeply situated in the dermis than those of the scalp, the reaction is correspondingly even more severe. Marked constitutional disturbance is frequently found. Subacute long-lasting granulomata and severe disfiguring scars are frequent sequelæ. Admission to hospital would, in almost all cases, be justifiable, if only for the relief of symptoms which follows good nursing.

An example of the clinical appearance of tinea barbæ due to *T. discoides* is shown in Fig. 6.

DIFFERENTIAL DIAGNOSIS.

The important differential diagnoses include sycosis barbæ and epitheliomata. Sycosis barbæ is usually more diffuse, is more chronic, and the affected area is more tender on pressure, though the inflammatory reaction is not so intense; hairs are not loose and do not come out painlessly. Small areas of tinea barbæ occasionally resemble basal-cell epitheliomata, but this mistake will not occur if the possibility is remembered.

TINEA CORPORIS.

GENERAL.

Since the term tinea corporis is rather vague, including as it does infections of the face in children and adult females, the non-hairy areas in men, the neck, limbs, trunk and excluding only those specific areas such as have received definite terms to cover infections thereon, it is not possible to pigeon-hole with any accuracy the various eruptions included in the term.

Numerically, however, cases classified as tinea corporis were second only in importance to tinea capitis. (See Table III.) In 418 patients this diagnosis was made—in 381 as a single diagnosis. This compares with 666 and 637 cases respectively of tinea capitis. The details of the diagnosis appear in Table XII.